AMEND Applicant(s): Ma	arge E1	ıtity)		Docket No.			
Application No.	Filing Date	Examiner		Customer N	10.	Group Art Unit	Confirmation No.
10/792,237	March 3, 2004	Philip Robert Smi	ith	23389		3739	4668
	SULAR MEDICAL SY			MMUNICAT	IOI	V	
		COMMISSIONER FO	OR PAT	ENTS:			
Transmitted herew	vith is an amendment ir	n the above-identified a	applicati	on.			
The fee has been calculated and is transmitted as shown below.							
CLAIMS AS AMENDED							
	CLAIMS REMAINING	HIGHEST#	NUMB	ER EXTRA		RATE	ADDITIONAL
	AFTER AMENDMENT	PREV. PAID FOR	CLAIMS	PRESENT			FEE
TOTAL CLAIMS	18 -	20 =		0	х	\$50.00	\$0.00
INDEP. CLAIMS	14 -	14 =		0	х	\$210.00	\$0.00
Multiple Dependen	nt Claims (check if appl	licable) 🔲					\$0.00
		TOTAL ADDITIONAL	FEE FO	R THIS AME	END	MENT	\$0.00
No additional fee is required for amendment.  Please charge Deposit Account No. in the amount of  A check in the amount of to cover the filling fee is enclosed.  The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 19-1013/SSMP  Any additional filling fees required under 37 C.F.R. 1.16.  Any patent application processing fees under 37 CFR 1.17.  Payment by credit card. Form PTO-2038.  WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.  John F. Vodopia  Registration No.: 36,299  Scully, Scott, Murphy & Presser, P.C.  400 Garden City Plaza, Suite 300  Garden City, New York 11530  (516) 742-4343							
Signature of Person Mailing Correspondence  Typed or Printed Name of Person Mailing Correspondence							